

1094-PS AMH APP MERE 585

By Representative Chambers

PSHB 1094 - H COMM AMD (TO H-1383.2/21)

By Committee on Appropriations

1 On page 188, line 36, increase the general fund-state
2 appropriation for fiscal year 2022 by \$700,000

3
4 On page 188, line 37, increase the general fund-state
5 appropriation for fiscal year 2023 by \$800,000

6
7 On page 189, line 36, correct the total.

8
9 On page 197, after line 21, insert the following:

10 "(43)(a) \$700,000 of the general fund-state appropriation for
11 fiscal 2022 and \$800,000 of the general fund-state appropriation for
12 fiscal year 2023 is provided solely for the department to establish
13 a youth suicide review team to review the circumstances related to
14 suicides occurring among youth up to age 25. The youth suicide
15 review team shall:

16 (i) Perform an in-depth review of each instance of persons under
17 25 years old who have died by suicide in Washington during the 2020
18 calendar year. The review team may not include suicides that occur
19 within the boundaries of an Indian reservation if the tribal
20 government opposes the review;

21 (ii) Analyze circumstances affecting the lives of the persons
22 who have been reviewed according to (a)(i) of this subsection to
23 ascertain the existence of any common factors that may have
24 contributed to the persons' suicide. The analysis may include:

25 (A) A review of records related to a youth suicide, including as
26 appropriate:

27 (I) Medical records, including mental health information;

1 (II) School records;

2 (III) Social services records, including individual case
3 information; and

4 (IV) Relevant legal records;

5 (B) Home interviews of parents and caretakers of the person;

6 (C) The impact of the COVID-19 pandemic and the state's response
7 to the pandemic; and

8 (D) Access to various lethal means; and

9 (iii) Compile statistics to establish a description of the lives
10 of youth in Washington who have died by suicide and recommendations
11 for targeting intervention programs to reach youth at risk for
12 suicide earlier in life.

13 (b)(i) The youth suicide review team consists of the following
14 members appointed by the governor, with the advice of the secretary
15 of health:

16 (A) One person who is licensed as either a physician under
17 chapter 18.71 RCW or osteopathic physician under chapter 18.57 RCW
18 who practices as a psychiatrist and works primarily with youth;

19 (B) One psychologist licensed under chapter 18.83 RCW who works
20 primarily with youth;

21 (C) One person who is licensed as either an advanced clinical
22 social worker or independent clinical social worker under chapter
23 18.225 RCW who works primarily with youth;

24 (D) One person who is a member of the clergy, as defined in RCW
25 26.44.020;

26 (E) Either an advanced registered nurse practitioner licensed
27 under chapter 18.79 RCW, a physician assistant licensed under
28 chapter 18.71A RCW, or an osteopathic physician assistant licensed
29 under chapter 18.57A RCW who works primarily with youth;

30 (F) One representative of a tribal health department;

31 (G) One representative of an organization that advocates for
32 persons with mental illness and their family members;

33 (H) One county coroner or medical examiner;

34

1 (I) One person who is a member of the education community with
2 experience related to existing and potential suicide prevention
3 efforts for students in primary and secondary schools;

4 (J) One person who is a member of the law enforcement community
5 with experience related to existing and potential suicide prevention
6 efforts for youth who are involved with the law enforcement system;

7 (K) One person who is a member of the legislative youth advisory
8 council established under RCW 43.15.095, or a designee of the
9 legislative youth advisory council;

10 (L) One person who is a member of the child protection system
11 with experience related to existing and potential suicide prevention
12 efforts for youth involved with the child protection system; and

13 (M) One family member of a youth who died from suicide.

14 (ii) In addition to the members identified in (b)(i) of this
15 subsection, the membership of the review team may vote to add one
16 additional member with experience and perspectives that the review
17 team determines may inform the activities of the review team.

18 (c) For the sole purposes of its analysis and review, the youth
19 suicide review team has the authority to:

20 (i) Request and receive data relevant to a specific youth's
21 death by suicide including, but not limited to, all medical records
22 related to the suicide, autopsy reports, medical examiner reports,
23 coroner reports, and schools, law enforcement, justice system, and
24 social services records; and

25 (ii) Request and receive data as described in (c)(i) of this
26 subsection from health care providers, health care facilities,
27 clinics, schools, law enforcement, the justice system, laboratories,
28 medical examiners, coroners, and any other relevant professions and
29 facilities licensed by the department of health, local health
30 jurisdictions, the health care authority, the department of social
31 and health services, and the department of children, youth, and
32 families.

33 (d) Upon request by the youth suicide review team, health care
34 providers, health care facilities, clinics, schools, law

1 enforcement, the justice system, laboratories, medical examiners,
2 coroners, and any other relevant professions and facilities licensed
3 by the department of health, local health jurisdictions, the health
4 care authority, the department of social and health services, and
5 the department of children, youth, and families must provide all
6 information and records related to a specific youth's death by
7 suicide including but not limited to medical records, autopsy
8 reports, medical examiner reports, coroner reports, social services
9 records, and any other relevant data requested for a specific
10 suicide to the youth suicide review team.

11 (e) No later than November 30, 2021, the youth suicide review
12 team shall develop protocols for contacting and interviewing
13 families and caregivers as contemplated in subsection (a)(ii)(B) of
14 this section. Such protocols shall be based on trauma-informed care
15 principles and address:

16 (i) The review team's collection, use, and disclosure of
17 information and records to families and caregivers related to the
18 youth; and

19 (ii) The fact that the interviews are voluntary.

20 (f) No information or data collected or created by the youth
21 suicide review team may be used for any purpose other than the
22 analysis and work done by the review team.

23 (g) The department shall convene the meetings of the youth
24 suicide review team and assist the review team with its activities,
25 as necessary, including the collection of information related to the
26 work of the review team. The youth suicide review team shall
27 convene its first meeting no later than September 30, 2021.

28 (h)(i) All health care information collected by the youth
29 suicide review team shall remain confidential and subject to chapter
30 70.02 RCW. When documents are collected as part of the work of the
31 youth suicide review team, the records may be used solely by the
32 review team and the department of health for the purposes of
33 supporting the activities of the review team.

34

1 (ii) No identifying information related to the deceased person,
2 the person's personal representatives, or anyone interviewed as part
3 of the work of the youth suicide review team may be disclosed. Any
4 such information shall be deidentified in accordance with the
5 requirements set forth in 45 C.F.R. 164.514 from any records
6 produced as part of the review team's activities.

7 (iii) Any witness statements or documents collected from
8 witnesses, or summaries or analyses of those statements or records
9 prepared exclusively for purposes of the youth suicide review team,
10 are not subject to public disclosure, discovery, subpoena, or
11 introduction into evidence in any administrative, civil, or criminal
12 proceeding related to the death of a person reviewed. This provision
13 does not restrict or limit the discovery or subpoena from a health
14 care provider of records or documents maintained by such health care
15 provider in the ordinary course of business, whether or not such
16 records or documents may have been supplied to a local health
17 department pursuant to this section. This provision does not
18 restrict or limit the discovery or subpoena of documents from such
19 witnesses simply because a copy of a document was collected as part
20 of the youth suicide review team.

21 (iv) The requirements of this subsection section shall be
22 construed to be consistent with federal law regarding health care
23 information, also known as protected health information or patient
24 identifying information.

25 (v) Any identifying information collected by the youth suicide
26 review team is exempt from public disclosure under chapter 42.56 RCW.

27 (i) The youth suicide review team shall, in the course of its
28 review, consider relevant suicide prevention analyses and
29 recommendations by entities such as the children and youth
30 behavioral health work group as established under RCW 74.09.4951,
31 accountable communities of health as defined under RCW 82.04.43395,
32 the Robert Bree collaborative as established under RCW 70.250.050,
33 and any suicide review team or committee as may be established
34 concurrent to the youth suicide review team.

1 (j) The youth suicide review team shall report its findings and
2 recommendations to the governor and the committees of the
3 legislature with jurisdiction over issues related to suicide
4 prevention for youth by June 1, 2023. The report must include
5 information regarding the feasibility of establishing locally based
6 youth suicide review teams. Any compilation of data must be
7 summarized in a manner so as to prevent the identification of any
8 specific person who was the subject of review.

9 (k) For purposes of this subsection, "suicide" or "death by
10 suicide" means a death that is identified as a suicide through a
11 death certificate, by a medical examiner or coroner, or by another
12 process that may be determined by the department."

13
14 Renumber the remaining subsections consecutively and correct any
15 internal references accordingly.

16

17 On page 454, after line 16, insert the following:

18

19 **"Sec. 969.** RCW 70.02.050 and 2017 c 298 s 2 are each amended to
20 read as follows:

21 (1) A health care provider or health care facility may disclose
22 health care information, except for information and records related
23 to sexually transmitted diseases which are addressed in RCW
24 70.02.220, about a patient without the patient's authorization to
25 the extent a recipient needs to know the information, if the
26 disclosure is:

27 (a) To a person who the provider or facility reasonably believes
28 is providing health care to the patient;

29 (b) To any other person who requires health care information for
30 health care education, or to provide planning, quality assurance,
31 peer review, or administrative, legal, financial, actuarial services
32 to, or other health care operations for or on behalf of the health
33 care provider or health care facility; or for assisting the health
34 care provider or health care facility in the delivery of health care

1 and the health care provider or health care facility reasonably
2 believes that the person:

3 (i) Will not use or disclose the health care information for any
4 other purpose; and

5 (ii) Will take appropriate steps to protect the health care
6 information;

7 (c) To any person if the health care provider or health care
8 facility believes, in good faith, that use or disclosure is
9 necessary to prevent or lessen a serious and imminent threat to the
10 health or safety of a person or the public, and the information is
11 disclosed only to a person or persons reasonably able to prevent or
12 lessen the threat, including the target of the threat. There is no
13 obligation under this chapter on the part of the provider or
14 facility to so disclose; or

15 (d) For payment, including information necessary for a recipient
16 to make a claim, or for a claim to be made on behalf of a recipient
17 for aid, insurance, or medical assistance to which he or she may be
18 entitled.

19 (2) A health care provider shall disclose health care
20 information, except for information and records related to sexually
21 transmitted diseases, unless otherwise authorized in RCW 70.02.220,
22 about a patient without the patient's authorization if the
23 disclosure is:

24 (a) To federal, state, or local public health authorities, to
25 the extent the health care provider is required by law to report
26 health care information; when needed to determine compliance with
27 state or federal licensure, certification or registration rules or
28 laws, or to investigate unprofessional conduct or ability to
29 practice with reasonable skill and safety under chapter 18.130 RCW.
30 Any health care information obtained under this subsection is exempt
31 from public inspection and copying pursuant to chapter 42.56 RCW;
32 ((or))

33 (b) When needed to protect the public health; or
34

1 (c) As requested by the department of health as needed to
2 support the activities of the youth suicide review team pursuant to
3 subsection 221(43) of this act."

4

5 Correct the title.

6

7 Renumber the remaining sections consecutively and correct any
8 internal references accordingly.

9

EFFECT: Requires the Department of Health to establish a youth suicide review team to review circumstances related to suicides occurring among youth up to age 24 and report the findings and recommendations regarding the feasibility of establishing locally based youth suicide review teams by June 1, 2023.

FISCAL IMPACT:

Increases General Fund - State by \$1,500,000.

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